

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 267-3816
Phone #: (608) 266-5521

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING APPLICATION FOR PROFESSIONAL BOXER LICENSE

BOXER'S MEDICAL EXAMINATION REPORT MUST BE SUBMITTED WITH THIS APPLICATION

NOTE: The Department may request additional information necessary to determine an applicant's eligibility for a license, such as additional medical reports, training schedules, personal interviews, and observation of training.

Type or Print Legibly in Ink

| | |
|----------------|-----------------------------|
| NAME OF BOXER: | DAYTIME PHONE NUMBER () |
|----------------|-----------------------------|

ADDRESS OF BOXER: (Number, Street, City, State, Zip)

| AGE | WEIGHT | HEIGHT | DATE OF BIRTH | PLACE OF BIRTH |
|-----|--------|--------|---------------|----------------|
|-----|--------|--------|---------------|----------------|

1. WHAT IS BOXER'S RECORD?

Wins Losses Draws KO's

2. DATE OF LAST BOUT

3. Is boxer currently LICENSED in another state or country? If YES, where, and date of expiration of license? ☐ YES ☐ NO

4. List any physical condition and/or past illness which might affect the boxer's ability to box.

5. Has boxer been required to have an EEG, CAT Scan or MRI by any state or country before being permitted to box again by that state or country? If YES, where, when and why? ☐ YES ☐ NO

6. How many times has boxer been KNOCKED OUT as a result of head blows during a bout or received HARD BLOWS to the head making the boxer defenseless or incapable of continuing a bout?

- a. Within the past month? When?
Where?
- b. Within the past year? When?
Where?

7. Does any promoter or corporation receive a part of boxer's earnings as a boxer? If YES, explain. ☐ YES ☐ NO

For Receipting Use Only

8. If boxer has never professionally fought, or has not fought within the last five years, please provide information relating to boxing training and conditioning.

APPLICATION FEE: Make check payable to Department of Regulation and Licensing and attach to this application

☐ \$ 5.00 License fee

Wisconsin Department of Regulation & Licensing

STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

YES **NO**

- A. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, **OR** are criminal charges or DWI charges currently pending against you? If YES, complete and attach Form #2252. ☐ ☐
- B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If YES, give details on an attached sheet, including the name of the profession and the agency. ☐ ☐
- C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. ☐ ☐
- D. Is disciplinary action pending against you in any jurisdiction? If YES, attach a sheet providing details about pending action, including the name of the agency and status of action. ☐ ☐
- E. Have any suits or claims ever been filed against you as a result of professional services? If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition. ☐ ☐
- F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If YES, what type of credential? ☐ ☐

And if in another name, what name? _____

LIST ANY OTHER NAMES YOU HAVE EVER USED (e.g., Legal Name Change, Maiden Name, Alias), AND ESPECIALLY, ANY NAMES UNDER WHICH YOU HAVE BEEN ARRESTED _____

TO BE SIGNED BY THE APPLICANT

I state that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my license. I also understand that if I am issued a license, failure to comply with the laws or rules of the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

SIGNATURE OF BOXER

DATE

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name Middle Initial Last Name

Profession

Date of Birth

month

day

year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

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CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

| | | | |
|-----------|------------|----|-------------------------|
| Last Name | First Name | MI | Former / Maiden Name(s) |
|-----------|------------|----|-------------------------|

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

| | |
|--|--|
| Date of Birth _____ month day year | Social Security Number _____ Information helps us identify your record, but is voluntary. It is not available to the public. |
|--|--|

Ethnic/gender information is required to check criminal information records. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

1. List all other names used: _____
2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE

DATE

CITY/STATE

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED
☐ ☐ _____
Did you successfully complete the program? ☐ ☐ _____
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED
☐ Probation ☐ ☐ _____
☐ Parole ☐ ☐ _____
☐ Ordered to pay restitution ☐ ☐ _____
Did you successfully complete one of the above as ordered by the court? ☐ ☐ _____

If you are **currently** on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

| <u>PENDING CHARGE</u> | <u>DATE OF ARREST</u> | <u>LOCATION OF ARREST (city/state)</u> |
|-----------------------|-----------------------|--|
|-----------------------|-----------------------|--|

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| |

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

| |
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| |

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature

State of _____ County of _____

Signed and sworn before me this _____ day of _____, 20 _____ by _____
(applicant's name)

Signature of Notary Public

My commission (is permanent) _____ expires _____.

SEAL

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

PROFESSIONAL BOXER'S MEDICAL EXAMINATION REPORT

Wisconsin law requires that professional boxers have a complete physical examination no more than **30 days** before the date of the application for a boxer license. The boxer's physician should complete the "Boxer's Medical Examination Report" (Form #154).

The Computerized Axial Tomography (CAT) Scan, Electroencephalogram (EEG), or Magnetic Resonance Imaging (MRI) Scan, Chest X-Ray and Electrocardiogram (EKG) are required only if determined as necessary by the examining physician during the complete physical examination or when the Department rules so require.

The boxer must submit the **original** "Professional Boxer's Medical Examination Report" (Form #154) to the Department office along with the "Application for Professional Boxer License" Form # 147) and the license fee of \$5.

The boxer license and "Professional Boxer's Medical Examination Report" (Form #154) are valid for ONE YEAR. At the time the boxer wishes to renew his boxer license, the boxer must have another complete physical examination no more than 30 days before the date of the application for a boxer license.

If the boxer has been knocked out or injured in a bout which was terminated by a referee, the boxer must undergo a new complete physical examination and submit the **original** report, dated AFTER the date of the knock out or injury, to the Department office before the boxer will be allowed to compete in a Wisconsin boxing show.

If a boxer was suspended due to being knocked out in a bout as the result of head blows or received serious head blows, the boxer must undergo a new complete physical examination and submit the **original** report, dated AFTER the date of the suspension, to the Department office before the boxer will be allowed to compete in a Wisconsin boxing show. This boxer is required to have an Electroencephalogram (EEG), Computerized Axial Tomography (CAT) Scan, or Magnetic Resonance Imaging (MRI) Scan. The "Professional Boxer's Medical Examination Report" (Form #154) provides a section for the physician to record information on the EEG, CAT Scan, or MRI Scan.

The requirements and conditions relating to knock outs or hard blows to the head apply to knock outs and hard blows to the head regardless of whether the bouts occurred in Wisconsin or another jurisdiction.

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING PROFESSIONAL BOXER'S MEDICAL EXAMINATION REPORT

Wisconsin Law requires that boxers have a complete physical examination no more than 30 days before the date of application for a professional boxer's license. Your physician should complete this form in its entirety, including the results from your blood and urine tests. The boxer must submit this completed form with the boxer's "Application for a Professional Boxer License" (Form #147) to the Department.

| | | |
|-------|----------|---------------|
| NAME: | ADDRESS: | DATE OF BIRTH |
|-------|----------|---------------|

- Any illness or injuries since last examination or within last 5 years? Yes ☐ No ☐
If yes, give details including name of physician and dates. _____
- Has this patient ever had severe headaches, fainting spells, or dizziness? Yes ☐ No ☐
- List any physical condition or past illness which might affect this patient's ability to box. _____
- In how many bouts has this patient fought? _____
- When was the last bout? _____
- Has this patient ever been knocked out or injured in a bout? Yes ☐ No ☐
- How long was the patient unconscious? _____

| | |
|--------|----------------|
| PULSE | TEMPERATURE |
| WEIGHT | BLOOD PRESSURE |

| | | |
|------------------------|----------|----------|
| EYES | RIGHT | LEFT |
| Distant Vision | 20/ | 20/ |
| Light Reflex | Normal | Normal |
| | Abnormal | Abnormal |
| Accommodation | Normal | Normal |
| Reflex | Abnormal | Abnormal |
| Fundi | Normal | Normal |
| (Describe if Abnormal) | Abnormal | Abnormal |
| Cataracts | Yes | Yes |
| (Describe) | No | No |

| | | |
|-------------------|----------|------------|
| MOUTH AND PHARYNX | Abnormal | (Describe) |
| Normal | Abnormal | (Describe) |

| | | | |
|------------|-----|----|----------|
| ADENOPATHY | Yes | No | Location |
|------------|-----|----|----------|

| | | |
|--------|----------|------------|
| LUNGS | Abnormal | (Describe) |
| Normal | Abnormal | (Describe) |

| | | |
|--------|----------|------------|
| HEART | Abnormal | (Describe) |
| Normal | Abnormal | (Describe) |

| | | |
|---------------------|----------|------------|
| ABDOMINAL PALPATION | Abnormal | (Describe) |
| Normal | Abnormal | (Describe) |

| | | |
|--------|----------|------------|
| TESTIS | Abnormal | (Describe) |
| Normal | Abnormal | (Describe) |

| | | |
|---------|----|------------|
| HERNIAS | No | (Describe) |
| Yes | No | (Describe) |

| | | |
|-----------------|----------|----------|
| TENDON REFLEXES | Normal | Abnormal |
| Knee Jerk | Rt. Lft. | Rt. Lft. |
| Babinski | Rt. Lft. | Rt. Lft. |
| Rhomberg | | |
| Finger to Nose | | |

| | | | |
|-------------------|--------|----------|----------|
| UPPER EXTREMITIES | Normal | Abnormal | Describe |
| Hands | | | |
| Wrist | | | |
| Elbows | | | |
| Shoulder Girdle | | | |
| LOWER EXTREMITIES | | | |

| | | |
|---|-------|----|
| BOILS, HERPES, IMPETIGO | Yes | No |
| URINALYSIS (REQUIRED FOR PRO BOXERS ONLY) | | |
| Albumin | Bile | |
| Sugar | Micro | |
| BLOOD | | |
| Hb or Hematocrit | | |

THE NEED FOR THESE TESTS IS BASED ON THE PROFESSIONAL JUDGMENT OF THE EXAMINER OR WHEN THE DEPARTMENT RULES SO REQUIRE. The results of the tests must be documented below or the boxer must present the results, along with this form, to the ringside physician at the pre-bout physical and weigh-in.

Computerized Axial Tomography (CAT) Scan, Electroencephalogram (EEG), or Magnetic Resonance Imaging (MRI) Scan.
Electrocardiogram (EKG)
Chest X-Ray

| | |
|---------------------------|--|
| EXAMINER'S COMMENTS | |
| Examiner Name (Printed): | |
| Title (M.D., D.O., P.A.): | |
| Signature: | |
| Address: | |
| Phone: () | |
| Date of Exam: | |

Wisconsin Department of Regulation & Licensing

RL 113.02 Physical examinations. (1) All boxers shall have had a complete physical examination as required in s. RL 115.02.

(2) Boxers shall be examined at a pre-bout physical examination by the ringside physician within 12 hours before each bout and, if requested by a boxer, referee or inspector, after a bout. A boxer who competes in more than one bout within a 12 hour period shall be examined between each bout. The ringside physician shall complete a report for each boxer.

(3) The ringside physician shall review the "Boxer's Medical Examination Report" and examine each boxer as appropriate in his or her judgment including heart rate, blood pressure, temperature, vision and lungs. The ringside physician shall approve a boxer's mouthpiece. The ringside physician shall certify as fit those boxers whose physical condition appears satisfactory for competition and shall disqualify others. The results of the examination shall be recorded on a department form and submitted by the ringside physician to the inspector.

(4) A boxer who has been knocked out or injured in a bout which was terminated by a referee may not participate in a show unless subsequent to the knock-out or injury the boxer has been given a thorough physical examination by a physician and the physician certifies that the boxer is physically fit to participate in competitive boxing. If a boxer has been knocked out or injured by a head blow, a period of rest is required under s. RL 114.06.

(5) A female boxer shall give the ringside physician written certification that, to her knowledge, she is not pregnant at the time of the pre-bout physical examination.

History: Cr. Register, August, 1985, No. 356, eff. 9-1-85; am. (1), (3) and (4), r. (1) (a) and (b), Register, July, 1993, No. 451, eff. 8-1-93; cr. (5), Register, September, 1997, No. 501, eff. 10-1-97.

RL 114.06 Head blows. (1) PROCEDURE. If a boxer has been knocked out in a bout as the result of head blows or received serious head blows, the boxer shall be examined by a ringside physician immediately. If the ringside physician determines that the boxer may have received head injuries, the ringside physician shall give the boxer a head injury slip and explain its meaning. A head injury slip is illustrated in s. RL 114.08.

(2) PERIODS OF REST REQUIRED AFTER KNOCK-OUT OR TECHNICAL KNOCKOUT. (a) A boxer who is knocked out during a bout may not take part in competitive boxing or sparring for a period of at least 60 days from the date of the bout. A boxer whose bout was terminated by a technical knock-out may not take part in competitive boxing or sparring for a period of at least 30 days from the date of the bout.

(b) A boxer who, twice in a period of 3 months, has been knocked out may not take part in competitive boxing or sparring during a period of 6 months from the second bout.

(c) A boxer who has been knocked out 3 times in a period of 12 months may not take part in competitive boxing or sparring for a period of one year from the third knock-out.

(d) Before resuming boxing after any of the periods of rest prescribed in par. (a), a boxer shall satisfy any requirements imposed by the department after receiving the recommendations of the ringside physician under s. RL 114.065.

(e) The requirements and conditions enumerated in pars. (a) and (d) apply to knock-outs and technical knock-outs in bouts that occurred in Wisconsin. The requirements and conditions enumerated in pars. (b) and (c) apply to knock-outs and technical knock-outs regardless of whether the bouts occurred in Wisconsin or another jurisdiction.

History: Cr. Register, August, 1985, No. 356, eff. 9-1-85; cr. (2) (e), Register, July, 1993, No. 451, eff. 8-1-93; am. (2) (d), Register, September, 1997, No. 501, eff. 10-1-97; am. (2) (a) to (e), Register, June, 2001, No. 546, eff. 7-1-01.

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NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.^a An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 4/03) ss. 15.04 (1) (m), 19.35, Stats.

^a Section RL 4.06 of the Wisconsin Administrative Code